

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		69652	11-3000
RESPONSE FORMALITY REVIEW		61889	04-24-01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	5
2	28
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9	✓
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13	✓
14	0
15	✓
16	✓
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19	✓
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23	1
24	✓
25	=
26	1
27	=
28	✓
29	✓
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31	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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